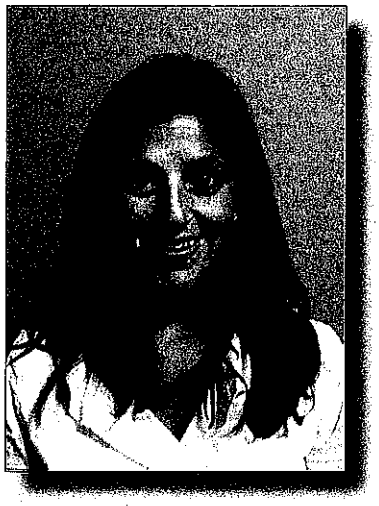
Obesity and Tobacco Abuse—

What's the Clinical Role of a Community Problem

It doesn't take a medical degree to look around the community and see the overwhelming problem of obesity. As obesity statistics worsen, the subsequent chronic diseases impacted by obesity increase. We know that nearly 40 percent of all deaths worldwide can be accounted for by four risk factors (nutrition, physical activity, smoking, and alcohol abuse)[1]. Clearly, the answers to these problems are not straightforward, in fact they need to be addressed from an environmental perspective to be successful at decreasing the rate of risk factor development. Fortunately, in 2008, the legislature for the state of Minnesota agreed that this was a problem that needed to be addressed from the policy level and initiated SHIP (Statewide Health Improvement Program), which included $47 million to help decrease obesity and tobacco abuse for all Minnesotans.

SHIP involves a variety of action plans throughout 87 counties and nine tribal governments in Minnesota addressing communities, schools, the workplace, and clinical implications to improve obesity and tobacco outcomes. Just what is the clinical role to help the problems of obesity and tobacco use? Many doctors complain there isn't reimbursement for these services, there isn't time to assess or counsel on these services given the overwhelming schedule of the average physician, and furthermore, where is the evidence that any of these interventions work, "we don't have the answers to these problems, or we would be doing it." Unfortunately, our medical system is not geared toward obesity and chronic disease prevention. Reimbursement, medical training, systems and our culture are largely designed for disease intervention and treatment.

By Courtney Jordan Baechler, M.D.



The Multi-grantee SHIP intervention, including the health departments of Bloomington, Hennepin County and Minneapolis, is trying to address these problems. This group has chosen a SHIP intervention that involves implementing the ICSI (Institute for Clinical Systems Improvement) guidelines for Primary Prevention of Chronic Disease (PPCD) and the Prevention and Management of Obesity into clinical practice.

First, let's talk about the evidence behind these interventions. Back in 2007, ICSI had a group of experts convene in order to truly understand what the evidence is for intervening on the four major risk factors for chronic disease (tobacco use, lack of physical activity, poor nutrition, and excessive alcohol intake) and summarize the evidence in a guideline that could be used by physicians, policy makers, communities and patients. As the guideline (PPCD) states, "Nearly all individuals would derive measurable benefits from healthier lifestyles; even small improvements across a large portion of the population would have a greater impact than focusing on a small portion of the population that is at the upper end of the risk distribution." Although this guideline was not intended solely for clinical encounters, we know that evidence shows that providers are one part of the puzzle in accomplishing good health practices, before disease sets in. In fact, research shows over and over the impact that the trusting relationship between providers and patients can be a powerful tool for behavior change.

The Multi-grantee SHIP health care project started in the fall of 2009 and has an overarching goal of merging public health and clinical medicine as it relates to the prevention of tobacco abuse and obesity. The Multi-grantee project has partnered with nine individual clinics and one clinic system. They are also working specifically with four Minneapolis clinics to create a community resource system to help facilitate resources for providers to use after these risk factors are identified. Because so often the disease disproportionately affects the underserved, this group specifically sought out individual clinics with underserved and diverse patient populations, to identify challenges that may be missed in larger clinical settings with more resources.

Since the project started we have developed a team of individuals made up of physicians and health system representatives, as well as health plan representatives to guide this process. We have baseline data from the clinics and system assessing how frequently these guidelines are currently being used and defining some of the barriers that exist in implementing these guidelines. ICSI has teamed up with

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Multi-grantee Intervention Clinics

- Bloomington Lake Clinics (Minneapolis and Bloomington)
- Hennepin Care East (Minneapolis) and Hennepin Care North (Brooklyn Center)
- Neighborhood HealthSource (Fremont, Central and Sheridan Clinics)
- Neighborhood Involvement Program
- Park Nicollet clinic system (initial pilot at Minneapolis site)
- Phillips Neighborhood Clinic
- The People's Center Medical Clinic

Community Resource System Intervention Clinics

- AXIS Medical Center
- Broadway Family Medicine
- NorthPoint Health and Wellness Center
- Phillips Neighborhood Clinic

SHIP Multi-grantee staff and has led three, day-long training sessions with teams of clinic staff to help facilitate sustainable change and provide resources for modifying clinic processes to effectively implement these guidelines. All of the clinics have set goals and plans to achieve these goals over the next 12 months. For example, assessing BMI in all individuals during preventive maintenance exams, educating the patient on the number, and providing counseling and resources to improve nutrition and physical activity.

As this project continues we realize what an overwhelming problem chronic disease prevention is. Part of our goal is to develop sustainable clinic policies, systems and practices that maximize medical providers' impact on the obesity epidemic. We have developed a group that is specifically looking at reimbursement for these services to further make these guidelines achievable. It has also become clear that providers need and patients desire easy and reliable community-based resources such as dieticians/nutritionists, tobacco cessation counseling services, and physical activity opportunities. With this in mind, a group has also convened to help make this more central and strategic, to help make prevention similar to a disease process where there are certain standards and procedures that all providers do. If you work in a primary care setting, I'm sure you frequently hear the buzz words of "medical home" and "accountable care organization" as clinics try to keep up with increasing regulations. Implementation of guidelines like ICSI's PPCD and obesity prevention guidelines will likely be a part of these processes in the future with an effort to increase the well-being of patients, improve outcomes, and decrease cost.

There is nothing easy about attacking problems that have taken over a century to develop (tobacco abuse and obesity), nevertheless tobacco use continues as the number one cause of preventable death and the obesity epidemic continues to spiral out of control. Everyone knows that primary care providers are the front line of the medical system that addresses these problems and they continue to be overworked with protocols and paperwork. However, it's all the more reason to develop these strategic policies, clinical plans, and reimbursement that work to decrease the burden of obesity and tobacco for the future.

For more information on the work of Multi-grantee SHIP Intervention, including a clinical toolkit for implementing the guidelines, go to http://www.ci.minneapolis.mn.us/dhfs/ship-health-care-sites.asp.

To register your clinic for the clinic fax referral system to connect patients with Minnesota tobacco cessation resources, go to http://www.preventionminnesota.com/objects/pdfs/Clinic_Fax/X16675R03_web.pdf. ✦

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1. Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. JAMA. Mar 10 2004;291(10):1238-1245.